

Pediatric



For reporting purposes, patients known to be HIV positive before 13 years of age are classified as pediatric HIV cases. Since July 1989, Virginia has been tracking pediatric cases of HIV (Martin, 2000).

Perinatal transmission is the predominant mode of HIV transmission in children less than 13 years of age, but these infections have decreased since the recommendations for zidovudine treatment for pregnant women were introduced in 1994 (VDH, 2004).

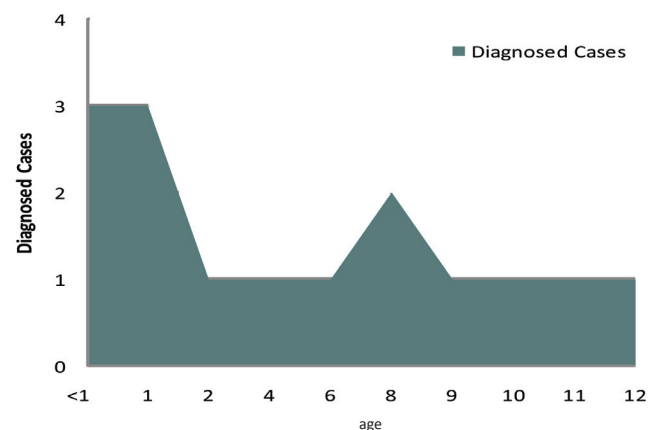
In a 2006 routine case review of seven Virginia hospitals, ninety-one percent of pregnant women had medical record documentation of being offered a HIV test (Rees, 2006).



Perinatal HIV transmission accounts for 85% of pediatric HIV cases and more than 90% of pediatric AIDS cases in the United States (CDC, 2002). For reporting purposes, patients known to be HIV positive before 13 years of age are classified as pediatric HIV cases. Since July 1989, Virginia has been tracking pediatric cases of HIV (Martin, 2000). The first diagnosed case of pediatric AIDS was in 1982 and the peak occurred from 1996-1999 when an average of nine diagnosed cases of pediatric HIV were documented. According to Martin (2000), the primary mode of pediatric HIV infection is perinatal transmission. Perinatal transmission occurs when the virus is transmitted from mother to child before or during delivery or during breast feeding shortly after birth. In 1994, the U.S. Public Health Service (USPHS) recommended the use of zidovudine during pregnancy to prevent the perinatal transmission of HIV infection (Sarnquist et al., 2007). The utilization of zidovudine reduced perinatal transmission by two-thirds in the United States (Lansky et al., 2007). Pursuant to CDC recommendations the 1995 Virginia General Assembly enacted new legislation requiring Virginia physicians to advise all pregnant women of the value of testing for HIV infection and to offer them voluntary HIV testing (Code of Virginia, 2004).

In 2003, the CDC began a new HIV prevention initiative called, "Advancing HIV Prevention: New Strategies for a Changing Epidemic." As

Figure 1 Diagnosed Cases of Pediatric HIV, in Virginia (N=15) (2002-2006)

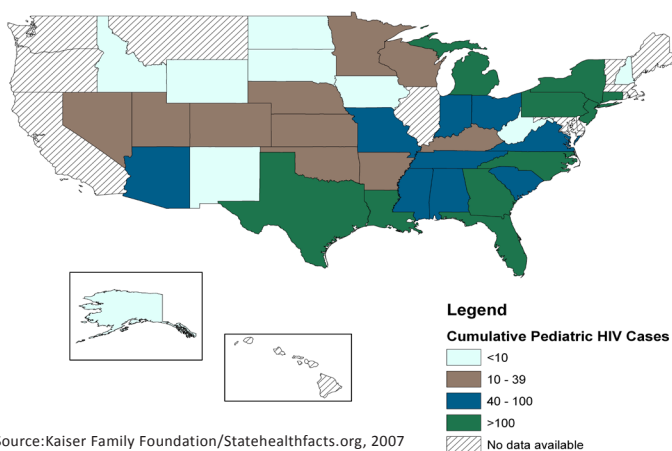


RESEARCH HIGHLIGHT

In 2006, VDH conducted a routine case review to determine the proportion of women who were offered an HIV test during pregnancy. VDH sampled seven hospitals representing Virginia's five health regions. Each selected hospital provided an unduplicated line list of all women who delivered babies at their facility during the 12 month period of 10/1/2005 – 9/20/2006. From each list, 60 cases were randomly selected using a random seed calculation by the hospital admission or discharge date. Site visits were made to each selected hospital, and selected cases were reviewed for HIV test history during the women's most recent pregnancy. A minimum of 50 and a maximum of 60 cases were reviewed at each site. The final sample included 397 cases. Fifty-six percent of the cases reviewed were White followed by 21% Black, 9% unknown and 3% Asian. Eleven percent were reviewed as Hispanic. Ninety-one percent of women had medical record documentation of a HIV test offered and only 8% had documentation of refusal. Out of the 8% who refused a HIV test 85% were White, 9% had no reported race and 2% were Black. This data is interesting for program planning, but it is based on a convenience sample with limitations and is not generalizable to the entire State of Virginia (Rees,2006).

part of that initiative, the CDC provided guidelines for a streamlined approach to prenatal HIV testing. From 2002-2006, an average of three diagnosed cases of pediatric HIV have been reported in Virginia for a cumulative total of 15 cases. Nine of the diagnosed cases were female and six were male. Ten cases reported race as Black followed by Hispanic (three) and White (two). Seven cases were reported in the Northern Health Region followed by three in the Central, two in Eastern and Northwest and one in Southwest. Since January 2005, there have been no diagnosed cases reported in children less than one year of age in Virginia.

Figure 2 Cumulative Cases of Pediatric HIV in States with Confidential Name Based Reporting through 2005



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